

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041668

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10570

FILED OCT 31 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
1			
2	216		
3			
4	0		
5	1		
6			
7	0		
8	2		
9			
10			
11			
12	19-1		
13			
69			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Fitts, Rock		d. STREET ADDRESS 3536A Wyoming	
3. NAME OF DECEASED (Type or print) First Augustus Middle - Last King		4. DATE OF DEATH Month October Day 23 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-26-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penal. Switchman		11. BIRTHPLACE (City and state or country) Missouri	
13a. FATHER'S NAME Jesse King		14. NAME OF HUSBAND OR WIFE Patti Wright King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Patti King 3536a Wyoming	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial failure DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 4200		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:30 a.m. Month, Day, Year Oct 23/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1957 to date and last saw him alive on October 23/63 Death occurred at 10:30 a.m. Oct 23/63 on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 10-23-63	
22a. SIGNATURE (Degree or title) John M. Farato M.D.		22b. ADDRESS 1755 S. Grand Blvd.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-26-63	23c. NAME OF CEMETERY OR CREMATORY Lake Charles	23d. LOCATION (City, town, or county) (State) St. Louis County
24. FUNERAL DIRECTOR ADDRESS Weick Bros. Undertaking Co. St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. OCT 24 1963	
26. REGISTRAR'S SIGNATURE Roan Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.